

CITY OF ROCKFORD EMPLOYMENT APPLICATION
Human Resources Department 1st Floor City Hall, 425 East State Street, Rockford, IL 61104
(815) 987-5581 JOBS HOTLINE



APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME
PRESENT ADDRESS		CITY	STATE	ZIP CODE
ANY OTHER NAME USED		HOME PHONE		WORK PHONE
ARE YOU 18 YEARS OF AGE OR OLDER? Y / N	IF NO, HOW OLD ARE YOU? _____		SOCIAL SECURITY NUMBER - - -	
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?			YES	NO
HAVE YOU EVER BEEN CONVICTED OF ANY FELONY WITHIN THE LAST SEVEN (7) YEARS?			YES	NO
IF YES EXPLAIN. (APPLICANTS ARE NOT OBLIGATED TO DISCLOSE: (1) SEALED OR EXPUNGED RECORDS OF CONVICTION OR ARREST; (2) EXPUNGED JUVENILE RECORDS OF CONVICTION OR ARREST; OR (3) A CRIME FOR WHICH YOU HAVE PLEADED GUILTY, HAVE RECEIVED SUPERVISION, HAVE COMPLIED WITH COURT SUPERVISION, AND HAVE RECEIVED A JUDGMENT DISMISSING THE CHARGES). IF YES, EXPLAIN _____ _____				
PLEASE NOTE: CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT BUT ARE REVIEWED IN RELATION TO THE JOB APPLIED FOR. CONVICTIONS NOT REPORTED (EXCEPT THOSE NOT REQUIRED TO BE REPORTED AS EXPLAINED ABOVE) MAY BE CAUSE FOR DISCHARGE.				

EMPLOYMENT INFORMATION

POSITION APPLIED FOR	DATE AVAILABLE	SALARY REQUIREMENT
HOW DID YOU LEARN ABOUT THIS POSITION?		LOCATION PREFERENCE
HAVE YOU PREVIOUSLY WORKED FOR THE CITY? YES NO IF YES, PLEASE GIVE DETAILS: _____		TYPE OF WORK : FULL-TIME _____ PART TIME _____ TEMPORARY _____ SUMMER _____
ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, PROVIDED REASONABLE ACCOMMODATIONS CAN BE MADE? YES NO		

EDUCATION AND TRAINING

	SCHOOL NAME AND LOCATION	COURSE OF STUDY	LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL			1	2	3	4	YES NO	
COLLEGE			1	2	3	4	YES NO	
GRAD/TECH SCHOOL			1	2	3	4	YES NO	

PROFESSIONAL LICENSES OR CERTIFICATIONS:

OTHER COURSES OR TRAINING:

SKILLS AND QUALIFICATIONS Summarize special skills and qualifications for this position

DESCRIBE:		
COMPUTER SOFTWARE SKILLS:		
TYPING WORDS PER MINUTE: _____	SHORTHAND: WORDS PER MINUTE: _____	COMMERCIAL DRIVER'S LICENSE (CDL) YES NO

Name: _____

Date: _____

EMPLOYMENT HISTORY (Complete all information even if you have a resume)

Please give accurate and complete employment record including any military service. Start with most recent employer. Account for all time during the past 10 years, including periods of unemployment. If more space is needed, complete additional form

EMPLOYER NAME	FROM (MO/YR)	TO (MO/YR)	STARTING SALARY	ENDING SALARY
ADDRESS	LAST POSITION HELD		SUPERVISOR	
CITY, STATE, ZIP	DESCRIBE WORK AND RESPONSIBILITIES			
PHONE NUMBER	REASON FOR LEAVING			

EMPLOYER NAME	FROM (MO/YR)	TO (MO/YR)	STARTING SALARY	ENDING SALARY
ADDRESS	LAST POSITION HELD		SUPERVISOR	
CITY, STATE, ZIP	DESCRIBE WORK AND RESPONSIBILITIES			
PHONE NUMBER	REASON FOR LEAVING			

EMPLOYER NAME	FROM (MO/YR)	TO (MO/YR)	STARTING SALARY	ENDING SALARY
ADDRESS	LAST POSITION HELD		SUPERVISOR	
CITY, STATE, ZIP	DESCRIBE WORK AND RESPONSIBILITIES			
PHONE NUMBER	REASON FOR LEAVING			

ADDITIONAL EXPERIENCE List other relevant volunteer or work experience:

ORGANIZATION NAME		POSITION	FROM (MO/YR)	TO (MO/YR)
SUPERVISOR	PHONE NUMBER	DESCRIBE WORK AND RESPONSIBILITIES		

ORGANIZATION NAME		POSITION	FROM (MO/YR)	TO (MO/YR)
SUPERVISOR	PHONE NUMBER	DESCRIBE WORK AND RESPONSIBILITIES		

PROFESSIONAL REFERENCES List three (3) professional/business references. Do not list personal references.

NAME	ADDRESS	RELATIONSHIP	YRS. KNOWN	PHONE NUMBER

READ CAREFULLY BEFORE SIGNING:

I certify that all answers to the above questions are true and complete. I understand that falsification of this application may result in disqualification or removal from a city position. I understand that a city ordinance requires city employees to live in Winnebago County or within 15 miles from the public safety building within 6 mos. after probation. I authorize the city to make inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that any such information is sought with confidentiality, and I will not request copies of such information. I also understand that my employment with the city of Rockford is conditional upon the satisfactory completion of a drug screening urinalysis, and the receipt of satisfactory recommendations from former employers and references. If hired, I may be terminated at the discretion of the city of Rockford without obligation. The city of Rockford is an at-will employer. Upon my termination from the city of Rockford, I authorize the release of reference information on my work. A copy of this authorization shall be effective as the original.

SIGNATURE: _____ **DATE:** _____

NOTE: individuals needing disability related accommodations for interviews should request them in advance.

THE CITY OF ROCKFORD IS AN EQUAL OPPORTUNITY EMPLOYER